

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012643

STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 65 Primary Registration District No. Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>CHARITON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CHARITON</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>BRUNSWICK</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>BRUNSWICK</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b 1		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>LEONAR</b> First <b>H.</b> Middle <b>BROWN.</b> Last				4. DATE OF DEATH Month <b>4</b> Day <b>25</b> Year <b>1959</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>MARCH 25, 1869</b>		9. AGE (In years last birthday) <b>90.</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED.</b>		11. BIRTHPLACE (City and state or country) <b>DALTON.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>JOHN H. BROWN</b>				14. MOTHER'S MAIDEN NAME <b>DRUSELLA. AGEE</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Mrs Harry Musick.</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arterio Sclerotic renal heart disease</b> Interval between ONSET AND DEATH <b>unknown</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Paralysis Generalized Cerebral</b> <b>30 days</b> DUE TO (c) <b>Heart coronary disease</b> <b>6 days</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Senile debility</b> <b>4201</b>								
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <b>11</b> a. m. <b>30</b> p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from <b>Aug 15-59</b> to <b>Apr 24-59</b> and last saw him alive on <b>Apr 24-59</b> Death occurred at <b>2458 Hwy 4-28-59</b> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Dr. E. Rice</b> (Degree or title)				22b. ADDRESS <b>Brumswick Mo</b>		22c. DATE SIGNED <b>27 Apr 59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>4-28-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>CITY CEME</b>		23d. LOCATION (City, town, or county) (State) <b>BRUNSWICK MO.</b>		
24. FUNERAL DIRECTOR <b>E. M. Cherry</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>Apr 27-1959</b>		26. REGISTRAR'S SIGNATURE <b>Glennie Smith Deputy.</b>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Charles B. McKinley*

Licensed Embalmer No... *78*

P. O. Address *Salisbury*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.